MISSISSIPPI Form MDHS-DECCD-43-6 Revised 05-2011

MISSISSIPPI DEPARTMENT OF HUMAN SERVICES DIVISION OF EARLY CHILDHOOD CARE AND DEVELOPMENT CHILD CARE SERVICES APPLICATION

	a pplication without rega		or, age, sex, hai	ndicap, religion, r	national origin, c	or political bene	fit. Page 1	
1. PARENT/LEGALLY I	RESPONSIBLE PERSON I	NFORMATION		COUNTY OF DECI	IDENCE			
NAME				COUNTY OF RESI				
				PHONE:	(HC	(WORK)		
MAILING ADDRESS				SINGLE 🗆 🛚 🗈	MADDIED 🗆	CEDADATED □	DIVORCED □	
CITY ZIP				SINGLE □ MARRIED □ SEPARATED □ DIVORCED □				
				PLACE OF EMPLOYMENT				
PHYSICAL ADDRESS, II	F DIFFERENT			CDOLLCE'S DLACE		NT.		
				SPOUSE'S PLACE OF EMPLOYMENTAre you a teen parent?				
				Are you currently deployed (military)?				
2. PLEASE LIST ALL PEI NAME (LIST YOURSELF FIRST)	RSONS LIVING IN THE H	OME. (Use the	reverse side if	necessary) RELATION TO YOU	CHILD'S FATHER	CHILD'S MOTHER	SOCIAL SECURITY NO.	
,		32.	57112 01 5111111	MEE/MON TO TOO	IN HOME?	IN HOME?		
1.								
2.								
3.								
4.								
5.								
6.								
0.								
		•		•	•	•		
3. PLEASE LIST CHILDR CHILD'S NAME	REN NEEDING CHILD CA	RE AND PROVID	Will child be in	If so, what is		reverse side if r		
S2 S WIL		WITH	Headstart or approximate			(CHILD CARE CENTER OR INDIVIDUAL)		
		SPECIAL NEEDS?	school?	Start dater				
1.								
2.								
3.								
4.								
5								
6.								
A DIFACE LISTALL CO	LIBERT OF INCOME. FOR	VOLIDILIQUEE	HOLD					
SOURCE OF INCOME	PERSON RECEIVING	GROSS AM		HOW OFTEN PAI	ID LAMA	ODKING:		
Employment	SELF	ATTACH PA		HOW OF ILIVEAL	V OFTEN PAID I AM WORKING:			
Employment	SPOUSE	ATTACH PA			□Day	Shift	□Notworking	
SSI					□Nigh	t Shift	☐ Clinical or field	
Social Security or					□Swir		placement	
other								
Child					I AM:			
Support/Alimony								
DO VOLLBECIVE:	Housing Assistance	□ SNAP □			I∏Inh	igh school		

Educational grants, loans and scholarships \square

 \square In college/career training program